## **INFORMATION FOR BALDWIN COUNTY WATER CUSTOMERS**

1601 N Columbia St Suite 130 Milledgeville, GA 31061 \* Hours 8:30AM – 4:30PM \* P O Box 9 Hardwick, GA 31034 www.baldwincountyga.com

PHONE 478 445-4237 Email prushin@baldwincountyga.com FAX 478-445-6501

**FORMS OF PAYMENT**: Cash, Check, Money Order, Debit/Credit Card, Automatic Deduction from Checking Account **METHODS OF PAYMENT**: In Person, US Mail, Drop Box, Website, Dedicated Phone Line 1-(888) 565-3128 **NSF CHECKS, DRAFTS, CC**: A \$35 fee plus accrued penalties/charges will be due on returned checks, drafts or credit cards. Redeem with cash/money order in full amount. Two NSF's within 12 mos = Cash Only status for 12 mos.

RESIDENTIAL/COMMERCIAL DEPOSIT: \$75 Residential, \$100 Commercial (incl \$5 non-refundable activation fee)

SERVICE REQUIREMENTS: Picture ID, <u>EVIDENCE</u> of SSN, Evidence of Ownership /Lease Signed/Dated by All Parties (These items are non-negotiable)

SERVICE TRANSFER REQUIREMENTS: \$25.00 (TRANSFER OF EXISTING B/C SERVICE TO ANOTHER B/C LOCATION)

Current Account must be at ZERO BALANCE, (no fees carried forward), PRIOR/OUTSTANDING BALANCE(S) must be paid in <u>full at time of transfer</u>, same *SERVICE REQUIREMENTS* required to establish service at new location, current deposit must be brought up to date. PLACING YOUR SERVICE IN SOMEONE ELSE'S NAME DOES NOT RELIEVE YOU OF THE RESPONSIBILITY OF AN OUTSTANDING BALANCE IN YOUR NAME.

**PRIVACY LAWS:** Prohibit discussion of your account with anyone else. You may provide an authorized user.

**IF YOU MOVE, CANCEL YOUR ACCOUNT WITH US ASAP.** You are responsible for any water usage in your name. You will receive one additional bill after you disconnect to be forwarded to the address you provide. Deposit will apply to FINAL BILL with any excess returned to you. Please ask for your Service Order # upon cancellation.

**SOLID WASTE:** \$18.00 billed on water statement. Adn'l cart \$10. Solid waste hauler is Waste Management. Direct questions regarding service/billing to this office. **ALLOW 7-10 WORKING DAYS FOR CART DELIVERY.** 

!!!WATER METERS ARE BALDWIN CO OWNED PROPERTY AND FITTED WITH TAMPER-EVIDENT DEVICES. IT IS A PROSECUTABLE OFFENSE TO TAMPER/DESTROY A METER, LOCK DEVICE OR WATER SERVICE. IF YOU DAMAGE A METER OR IF UNAUTHORIZED WATER IS USED, WE WILL TAKE LEGAL ACTION PLUS A \$250 TAMPER FEE AND/OR DAMAGE FEE!!!

**BILL DELIVERY:** We are **NOT RESPONSIBLE** for the delivery of your bill by the US Postal System **but you are responsible for your bill**. Bills are released on the **LAST WORKING DAY** of each month. We can e-mail your bill!

BILL DUE DATES AND PENALTIES: A Penalty of \$3 will apply to accounts not paid in full by the 15<sup>th</sup> of each month. Payments must be in this office by 4:30PM on DUE DATE. Late Notices are NOT Mailed. No Partial Payments after 15<sup>th</sup>. A LATE FEE of \$50 will apply to accounts not paid in full by the 25<sup>th</sup> of each month with disconnection of service beginning the following business day. IF 15<sup>TH</sup> OR 25<sup>TH</sup> FALLS ON HOLIDAY/WEEKEND PAYMENT IS DUE NEXT BUSINESS DAY. Accrued Penalty and Late fees become a part of your current bill.

**CUT OFF INFORMATION**: NO CHECKS ACCEPTED DURING CUT OFF - Drop box closed during cut-off — NO PARTIAL PAYMENTS — RECONNECTIONS NEXT BUSINESS DAY — Accounts (1) month past due — cut off at meter. Accounts (2) months past due — final billed and deposit applied.

LEAKS: If you locate a leak, let us know. THREE CRITERIA must be met to be considered for an adjustment:

(1) increased consumption must be 10k gallons greater than last 6-mo avg, (2) dated plumber's receipt of repair or receipt of purchase and (2) verification of decreased consumption. If you qualify for an adjustment, the adjusted amount will be applied to your account as a credit. We offer ONE leak adjustment per 12-months.

rev 9/28

## BALDWIN COUNTY WATER & SEWER DEPARTMENT APPLICATION FOR SERVICE

## **COMPLETE ALL BLANKS BEFORE SUBMITTING**

NEW CONNECT:	( )Residential ( )Commerci	al ()Wat	er ( )Sewer ( )Ot	her	
/ /			( )	Owner ( )Tenant	
BEGIN SERVICE DAT	E Name (Positive ID Required) Nam			PLEASE CHECK ONE	
	Applicant's Social Security Number	er (Proof Required)	State Lie	cense #	
	AUTHORIZED USER: NONE ( )_				
	N.	AME	RELATIONSHIP TO YOU	PHONE NUMBER	
	Service Address (full name of street and unit)				
	Mailing Address		Employer		
	()				
	Primary Daytime Phone	E-Ma	l Address		
	EMERGENCY CONTACT INFO REQ		itionship, Address, Telepho W FOR NEW SERVICE CONN		
DISCONNECT:					
SECTION >>>>>>	NAME (Positive ID Required)				
///	Address to DISCONNECT				
	FORWARDING Address (REC	(UIRED)			
	CATES THAT I HAVE READ AND UN				
<u>SHEET A</u>	ND I ACCEPT THE RESPONSIBILITY	Y FOR THE WATE	R SERVICE PROVIDED AT 1	<u> FHIS LOCATION.</u>	
>>>DATE OF APPLICATION			>>>CUSTOMER SIGNATURE		
	ACTIVE WATER SERVICE MAY BE TRANSPORTED TO SERVICE MAY BE TRANSPOR	ANSFERRED TO AN	OTHER COUNTY WATER SEF	RVICE UPON PAYMENT OF A	
to participate in this program.	requested by the Federal Government in ord . You are not required to furnish this informa u in any way. If you choose not to furnish it, v e."	tion, but are encourage	d to do so. This information will no	ot be used in evaluating your application	
	ginBlack, not of Hispanic origin OFFICE USE ONLY			Asian or Pacific Islander	
NEW ACCT #		_ PREVIOU	S ACCT #		
DEPOSIT PAID \$	_ADMIN FEE \$	TRANSFER FI	E \$CASH_	CHECKCARI	
TURN ON	_TURN OFF O	CC CHANGE	READ/TRANSF	LANDLORD	

rev 10/2020